

Economic Recovery Advisory Board
Public Health and Healthcare Workgroup
PANDEMIC PREPARATION AND RESPONSE LISTENING SESSION
Meeting Notes
July 16, 2020

9:00 a.m. Introductions

Director Garcia welcomed the 45 participants on the call and shared that goal of these forums is to narrowly target problems and solutions presented by the COVID-19 Pandemic. Kristin Williams from Hy-Vee introduced herself as the meeting moderator and shared that the goal is to get feedback from as many stakeholders as possible. Matt Highland, PIO and Bureau Chief of Communications, Department of Human Services shared that this is an opportunity to focus on what has and hasn't worked.

Subcommittee leads:

- **Dr. Caitlin Pedati** - State Epidemiologist with Iowa Department of Public Health
- **Dr. Jorge Salinas** - University of Iowa Hospitals and Clinics
- **Lindee Thomas**
- **Kristin Williams** – Hy-Vee Health and Wellness

GROUP CONVERSATION

- Sarah Dixon, Primary Care Association shared that access regionally to PPE would have helped when COVID first hit.
- Dr. Pedati recognized that PPE has been a concern and asked if others are in support of stockpile like that?
- Anthony Pudlo, Iowa Pharmacy Association, shared that PPE access has been a barrier, and that he had seen pharmacy wanting to act as a liaison. He shared that the CDC wants them to provide these services and can see the stockpiles being useful for pharmacies as well.
- Dr. Pedati asked if this had improved.
- Anthony shared that regardless of the setting, depending on wholesalers, there are definitely still barriers.
- Sarah Dixon shared that PPE is tracked weekly and that the challenge is that it doesn't always allow anyone to plan ahead and reopen.
- Dr. Pedati asked if this happened with lines that existed before and asked if there are new lines of PPE. The state only has a certain supply, but where are people going to fulfill requests?
- Marissa Stillson, from Lyon County, stated that they have everything coming to the local health office asking for equipment. They are sending out resources, but it has been difficult to get supplies, as they tend to be backordered. Since they are a far distance from Des Moines, a regional stockpile would be really beneficial and give more accessibility to pick up.
- Tim Richmond, Wapello County said that PPE is the greatest challenge in the dental world. He has heard that the best resources have been coming from local construction suppliers. Iowa Homeland Security Emergency Management has been really helpful to them.
- Dr. Pedati asked the group if they could share ideas for messaging on how to use PPE.
- Tim Richmond shared that the greatest challenge is the conflict between communication inputs. Test Iowa has helped community, but now we're having trouble with the community model.

From an EMA standpoint, more communication from the Governor's office when things are going to come out in a press conference.

- Dr. Pedati shared that she would welcome ideas for how to facilitate better communication.
- Tom Evans, Iowa Healthcare Collaborative shared that Telehealth addresses a lot of needs in a rural state and that there are long term opportunities to examine with telehealth.
- Matt Sojka, Mercy One SE Iowa said telehealth has been useful in serving the population and getting medications. The providers have done a good job working through the technology and would like to see that expanded.
- Tom Evans agreed that telehealth utilization addresses social determinacies and we should take advantage of the innovation.
- Sarah Dixon shared that she has seen really great results in reduction of no shows and difficult people to reach in the past. Telehealth works for certain populations that have been hard to reach originally, general population appreciates the option.
- Casey Ficek, Iowa Pharmacy Association, shared that they have learned how important it is to leverage resources in providing a cohesive response. The COVID crisis has put strain on drug supply chain, but they have been successful in making sure people could still get access to medications. Looking to the COVID vaccine, we will want to ensure it's available to the largest portion of the population. Want to be able to ensure that everyone that is trained to give the vaccine across the state. Pharmacists have been performing testing in pilot sites, it has gone really well. One way to help reduce the strain on the system is to have those answers in an acceptable format.
- Mike Trachta, VP of Science with Mercy One said that more involvement from the health systems would be helpful. For statewide emergencies there could be value added to working with different regions. If data reporting is handled as a statewide entity, we could be an aggregator on their behalf. At one time we found different entities doing different things that would have been helpful to understand from a statewide perspective.
- Tom Evans asked how to integrate the pharmacy with the clinical enterprise to bring efficiency and effectiveness. Health systems are already integrating many silos of healthcare, the opportunity to standardize processes so we can respond is important. Healthcare roundtable came up with needing a standard approach to data in our state.
- Sarah Dixon said we were watching work in other states and would love to have a greater plan for contact tracing. Agreed that there should be a statewide plan with clarity on roles that local communities play. Make sure to look at specific patient populations that require a different approach (language barriers, refugees, homelessness, etc.).
- Linda Tucker Reinders, Iowa Public Health Association stressed that we need to partner with schools. There will be outbreaks, so schools need to be a part of the conversation. Getting guidance from DOE that doesn't match CDC guidelines, local places wanting to mandate masks are told they can't. Local public agencies should be first in trusted health information.
- Joann, Public Health nurse in Fayette County brought up the issue of contact tracing. She shared that they have been active in contact tracing but they turned over contact tracing to the state last week due to lack of funding. They depleted local funding, went back to the county to ask for more, and went to organizations asking for donations. Since we've given up our cases, we've received seven more and six of those have still not been followed up with.

- Kim Dorn, Marion County Public Health agreed with Joann. Marion got \$15,000 to do our work, a counterpart got \$7,000. Seeing everyone else getting a lot of money to participate and to backfill their losses, but we can't get funds to do our basic work. We are angry with how things have been handled. Local public health systems should have a voice with the governor.
- Tim Richmond said that he sees a trend in cutting emergency management. Saw that local law enforcement got lots of money and public health didn't.
- Kristi Williams asked if access to essentials a concern?
- Senator Joe Bolkcom brought up that the most pressing issue is what's going to happen in schools. He asked that Dr. Pedati can give update on status of tracing, what is the plan as schools reopen.
- Dr. Pedati shared that tracing has relied on in local communities and that Iowa will want to adjust our current approach to be ready in the next few weeks. In the process of hiring additional support for contact tracing, tech solutions, learning from partners in local counties using additional tools, etc. are all things that we continue to work on.
- Senator Bolkcom asked if there was there a written tracing plan and if there are plans to provide financial resources with CARES Act to go to Public Health departments?
- Dr. Pedati said that she would follow up on those questions.
- Senator Bolkcom shared concerns about transparency in what's going on with the state's response. And that the governor's office has politicized the department and are unable to have good working relationships.
- Senator Bolkcom asked for an update on what the statues of the stockpiles are and wondered if schools have what they need for the school year.
- Dr. Pedati shared that the state is continuing to purchase and source PPE.
- Matt Highland shared that the state is planning to have more direct conversations in the near future with locals.
- Wapello said that they called in retired nurses as volunteers to get us through contact tracing. From EMA standpoint it's tricky with schools, there will be political backlash if we're not able to provide for all. School planning sessions have many questions about masks.
- Kevin Grieme, Sioux City SDHD had questions about contact tracing in the classroom and how can we accommodate and be supportive?
- Dr. Pedati shared that there's updated federal guidance from CDC will hopefully be released soon. We talk to CDC multiple times a week, and are working on a flexible and responsive approach.
- Sam Jarvis, Johnson County Public Health shared concerns about U of I coming back and school districts. Need social support going forward for those in quarantine. There will be less compliance with asymptomatic folks who won't have assistance to stay in quarantine. Mental and emotional health in fall and winter, especially local health workers and long term facility staff, very frustrated with phased approach. Concerns with flu season and COVID – we will need a statewide push to get flu vaccinations. We intend to keep cases local and have developed processes to do so, but we're worried about being overwhelmed.
- Melissa Stilson said she feels that we have had great support with state epidemiologist for her area. Largest struggle is a lack of compliance in following 14-day quarantine process. There is nothing to enforce quarantine and isolation. We need to ensure people are staying in quarantine when exposed. Large number of people in our county that are elderly and quite a

few persons that have underlying health conditions. It would be helpful to receive information prior to Governor's press conferences in order to prepare guidance. A little more guidance in some smaller areas would be helpful.

- Tim Richmond said IDPH could benefit from graphics and communications to reach the non-English speaking population and the general population.
- Sarah Dixon said that there's an opportunity to think about systems that work well to facilitate follow up care. Access to individuals that don't have connectivity or laptop has been difficult. Once data comes back, there needs to be opportunity to connect with other providers that need to do follow up.
- Kristin Williams asked about a PSA to all Iowans and would take suggestions/comments on the matter.
- Senator Bolkcom asked about the recent increase in positive COVID cases and asked about contact tracing for those individuals. Where do you think things are going in the coming weeks as we try to get our schools open?
- Dr. Pedati shared that she has been seeing a shift in the demographic, Average age of cases was 63, now it's around 39. Median age is sometimes as low as 21. Age 21 has the highest number of cases, increased recently. We need to continue to share the best practice guidelines, face masks, staying home when sick and social distancing. Encouraged people to share communication ideas.
- Senator Bolkcom mentioned that a lot of businesses are requiring face masks and asked if Iowa would mandate. Will there be a Governor's proclamation or will authority be given to local governments?
- Dr. Pedati reiterated that masks are a really important part of reducing spread.
- Tom Evans said we need to tell the general public that masks are an expectation.
- Tim Richmond going back to info sharing and contact tracing, we've gained appreciation for that work, that's where we get a good understanding of what's happening. What is the ability to say to us as a state what we are seeing in Iowa? In weekly county healthcare coalitions, we are having conversations on what they're seeing. Can we have those discussions as a state?
- Dr. Pedati replied that she wants to turn information around quickly. Often, we will issue summaries of reports, we're looking to provide timely and comprehensive information. We have good relationships with federal partners. If there is information missing or any other gaps you'd like us to look at, we're open to hearing that.
- Helen Eddy, Polk County Health Department mentioned the need for education on how to care for yourself, when to go back to work, etc. More important in current environment in widespread community transmission. She requested clear, concise, guidance from IDPH. We need information pushed down to 99 local health agencies to answer those questions rather than a comprehensive.
- Sean Snyder Winneshiek County Emergency Management Coordinator asked if there is a mandate and what the ramifications are for people that don't wear them?
- Deborah Thompson, volunteer with Public Health Association shared that Texas has been practicing educating first using a common sense approach and not attempting anything punitive.
- Sam Jarvis said that enforcement is important. To start fining people when there's already economic hardship is problematic.

- Sean Snyder said many of us are one-person departments, three at most in a lot of counties. It puts a lot of pressure on the locals, afraid of how we'd enforce that.
- Kevin Grieme compared mask enforcement to tobacco free grounds enforcement, which is hard to implement. Masking will generate a lot of phone calls and reports. Law enforcement would need responsibilities outlined as well as bars and other businesses.
- Mike Ryan, Delaware County said it will be difficult to enforce a mask requirement without a unified message.
- Kari Prescott, Public Health Communication said that there should be some type frequent, scheduled communication from state leadership to keep us in the know. Healthcare coalition meetings have not been routinely held. Had specific questions about Abbott machines and rapid test machines. If you received a machine, you should have capability electronically to report to IDPH. People with names on my list do not match state's reporting mechanism. Contact tracing – need additional funding.
- Matt Highland thanked the group for joining and shared that this general feedback will filter up to larger group. There are a few other sessions coming up (next one is next Thursday on how we can support unique needs of every Iowan and populations). Agendas can be found on. Minutes will be posted.
- Kari Prescott asked if there are any action items and if there will there be future meetings.
- Matt Highland stated that the goal is to put forward recommendations to the larger advisory group. Will compile and take back to larger group, recommendations will go to governor. Website link at the bottom shows the workgroup charges, click on that, third page – listing of participants in workgroup. Included local health and rural representation.

Respectfully submitted by Abby Singleton, confidential secretary with Iowa DHS

Workgroup Leadership: Randy Edeker, Suresh Gunasekaran, Kelly Garcia

Workgroup Members: Kristin Williams, Jorge Salinas, MD, Anne Gruenewald, Brooke Lovelace, Laura Jackson, Samantha Cannon, Matt Wenzel, Michelle Krefft, Lastascia Coleman, Linda Scheid, Lindee Thomas, Robb Gardner, Dr. Pedati (ex-officio), Linda Miller (ex-officio).